## RFP 08-331 Provider Compensation Subsystem (PCS) Amendment #8

## **Additional Bidders Questions and DSHS Answers**

As stated in the RFP document, DSHS will be "... bound only to written answers to questions. Any oral responses given at the Pre-Proposal Conference shall be considered unofficial and are not binding on DSHS..."

The following are the DSHS answers to the Additional Bidders questions 131 through 180.

Questio n	Question	DSHS Answer
Number		
131	Regarding C370 and C375: what deductions are we accumulating? Will the ones in these interfaces be the paid time off and the service hours? What information is looking to be passed?	Yes, these interfaces include things like paid time off and service hours. During the DDI phase, these types of Accumulators and Deductions will be fully examined and defined. Please refer to RFP Requirements F.3.1 – Accumulators – Service Hours and F.3.2 – Accumulators – Paid Time Off.
132	Does outgoing mail need to be postmarked in the State of Washington?	There is no requirement that outgoing mail be postmarked in the State of Washington. However, Requirement S.5.2.3 relates to service performance and specifies "The bidder shall mail earnings statement envelopes in a manner which meets or exceeds the current elapsed time for delivery of provider pay envelopes from DSHS to social service providers. Presently, DSHS mails pay envelopes from Olympia, Washington."
133	Functional  Does incoming mail need to come to an address within the State of Washington?	There is no requirement that incoming mail be received at an address within the State of Washington.
134	7.4 (138)  Requirement F.5.2.8 refers to Inserts in Earnings Statement Envelopes. Please provide the current frequency and volume of the inserts. If known, please also provide the future anticipated volume.	Inserts for Earnings Statement Envelopes originate internally, within DSHS, and are also distributed as part of the Collective Bargaining Agreement with SEIU 775NW. An estimated 45,000-100,000 inserts are issued monthly. The majority – 45,000 to 60,000 a month – are part of the CBA.  No reliable estimate can be made regarding the change in future volumes from the current range provided here.

Questio n	Question	DSHS Answer
Number		
135	Functional  Please provide an estimate of the number of W-2 and 1099 forms that will be printed annually.	For the 2009 tax year approximately 101,000 W2's and 10,000 1099's were printed. In 2008 92,000 W2's and 10,000 1099's were printed.  Bidders should note that precise numbers of 1099s to be printed from PCS are difficult to obtain, at this time, owing to the fact that 1099 payments presently in SSPS are to be split, in the future, between PCS and ProviderOne.
136	Functional  F.2.1.12 – Modification of Gross Pay for Difficulty of Care Payments  F.4.3.6 – Overtime Payments  These two requirements have to do with foster and childcare services.  Please confirm these are out of scope for the PCS project.	At the present time, the CBA for SEIU 775 NW does not include a provision for overtime. However, that CBA will expire before PCS goes live. DSHS is not removing F.4.3.6 from the RFP.  Difficulty of Care Payments, as presently defined by IRC Section 131(c), do not apply to services presently anticipated to be paid by PCS when the system is first implemented. However, bidders should develop solutions with the flexibility to meet Requirement F.2.1.12.
137	Technical T.3.1.1  How many concurrent users are expected? T.3.1.1 mentions 400 concurrent but also says thousands of concurrent web users. There is also a cost worksheet for a varying number of providers.  Does DSHS have an estimate for the percentage of providers that would be concurrent?	DSHS does not have specific data to provide an estimate of providers that would be concurrent in the new PCS.
138	Functional 5.4.2 calls for additional withholding to be printed on the remittance. Can a Provider choose to have additional withholdings against one Client relationship and not another?	No. Withholding elections made by the provider is not client-specific; a provider cannot choose to have additional withholdings against one Client but not another.  Bidders should be aware that certain tax rules do pertain to the relationship of the provider to the client. For this reason, if a provider serviced multiple clients – with some clients related to the provider and other clients who are not related – the tax rules would differ for those clients.

Questio n	Question	DSHS Answer
Number		
139	Amendment 3 Question 10 Question 11  Both of these answers promised copies of invoices and remittances, which have not yet been made available on the website. Please provide the samples.  Additionally, while not addressed in a response, there was also to be posted a link to the current contract for SEIU 775NW as the one provided in the RFP is expired. Please provide the link.	Samples of invoices and Remittance Advices have now been provided in PCS RFP Amendment #7. Additionally, an updated version of Ref A, which now contains current copies of all collective bargaining agreements, has been made available as Amendment S.
140	General May we assume that vendors can leverage the state IVR infrastructure for PCS?	Bidders should not assume that vendors can leverage the state IVR insfrastructure for PCS.
141	How many active garnishments are currently being paid by DSHS?	576.
142	Any local taxes paid? How many?	There is no requirement to calculate any local taxes.
143	How many W-2's were produced in a year? How many 1099's?	For the 2009 tax year approximately 101,000 W2's and 10,000 1099's were printed. In 2008 92,000 W2's and 10,000 1099's were printed.  Bidders should note that precise numbers of 1099s to be printed from PCS are difficult to obtain, at this time, owing to the fact that 1099 payments presently in SSPS are to be split, in the future, between PCS and ProviderOne.
144	In the event a Provider, as a Union Member, gives service (or is employed by) 14 different DSHS clients will he receive 14 different W-2s, or it will be just one W-2?	Providers are expected to receive one W-2 for each client served.  In the example given in the bidder question, a provider giving service to 14 different DSHS clients would receive 14 different W-2s.
145	How many different EINs are used by DSHS?	DSHS expects that a single EIN will be used for the Provider Compensation Subsystem.

Questio n Number	Question	DSHS Answer
146	Why do providers get multiple W-2s?	Providers will receive a single W-2 for each client they service.
147	Do employees working for multiple dept/agencies have diff pay, benefits, and PTO rules?	If by the use of the terms "department" or "agency," the bidder is referring to DSHS or other departments or agencies of the State of Washington, it is important the bidder understand that PCS pays no employees of the State of Washington.
		Provider pay differs by service. Benefits and paid time off differ by the Collective Bargaining Agreement associated with the service.
		Pay, benefits and PTO rules are not associated with the program under which the service is authorized.
148	Is there a web portal today that collects time?	There is presently is no provider web portal which provides the functionality described, for example in F.1.1.11, F.1.1.13, or F.8.2.1, in the PCS RFP. Presently, time entry is by paper invoice or an Interactive Voice (key) Response system that collects hours, days, half-days, visits, each, month, and miles.
149	Read through the Model Agreement and cannot find reference to restrictions on utilization of offshore resources in implementation/support/maintenance/call center support or sub processing. Can we get clarification on the offshore resources restrictions?	The PCS Contractor and its Subcontractors (and their subcontractors at any tier) shall not perform any of the Services, directly or indirectly, outside of the United States.  Please refer to Section 5.1 of the Sample Agreement.
150	Please specify employee population in various pay frequencies like weekly/bi-weekly/semimonthly/monthly	At the present time, all providers are paid on the same monthly frequency. However, bidders should develop solutions with the flexibility to meet Requirement F.5.1.1.
151	What is driving the requirement as stated in #148? Do you have providers who are on different frequencies?	At the present time, all providers are paid on the same monthly frequency. However, bidders should develop solutions with the flexibility to meet Requirement F.5.1.1.

Questio n Number	Question	DSHS Answer
152	How are the eligibilities stored in ProviderOne?	If by use of the term "eligibilities" the question refers to provider eligibility, and if by use of the term "stored" the question refers to maintained, then provider eligibility is maintained in ProviderOne via Provider Business Status, taxonomy/specialization, the Place of Service and Maximum Consideration.
153	Can you supply copies of invoices, or timesheets currently in use for both individual providers and providers that are facilities?	Samples of invoices and Remittance Advices has been provided in PCS RFP Amendment #7.

Questio n Number	Question	DSHS Answer
154	Are there any metrics relating to the number of anticipated calls to the call center each month, and any metrics as to average length of call? How many calls go to the Call Center Attendants?	the OAS Tax Desk and garnishment desk:  • An average of 2400 calls is received by the SSPS Customer Service Center (CSC) each month, for all topic areas, with an average call time of about 2 minutes, 30 seconds.  • An additional estimated 750 calls are received on average by the OAS Tax Desk and garnishments desk each month. Average call length data is not available for those calls. DSHS anticipates most of these calls would be those which could be answered by the Bidder's call center.  • Generally, call volumes in SSPS do not fluctuate more than about 6%, month-to-month. Call volumes in the OAS Tax Desk more than double from December through mid-March, owing to annual tax reporting.  See Question Number 170 for additional metrics.  It is not possible to segment the data to reflect only those providers anticipated to be paid through PCS (union 1099 and all W-2) and not include calls from providers anticipated to be paid through Provider (non-union 1099).  It is anticipated that the Bidder's call center will not handle all of the topics currently handled by the SSPS CSC. Call topics which could be answered by the Bidder's call center include, but are not limited to, payment (earnings and deductions included in a pay calculation), invoicing, vacation and CCH balances, how to enter time (claim against an authorization) and how to use the provider portal.  The specific role of the bidder's call center is expected to be coordinated with DSHS call center resources. Guidelines and specific scripting and routing of calls regarding topics outside of each party's expertise will be jointly developed during DDI. Bidders should include this task in their calculation of effort.

Questio n Number	Question	DSHS Answer
155	Functional  Please provide average call volumes, known peaks, and the average call times for existing DSHS Provider Support Area (for the scope of providers included in this RFP).	<ul> <li>The following data are from current call centers in SSPS and the OAS Tax Desk and garnishment desk:</li> <li>An average of 2400 calls is received by the SSPS Customer Service Center (CSC) each month, for all topic areas, with an average call time of about 2 minutes, 30 seconds.</li> <li>An additional estimated 750 calls are received on average by the OAS Tax Desk and garnishments desk each month. Average call length data is not available for those calls. DSHS anticipates most of these calls would be those which could be answered by the Bidder's call center.</li> <li>Generally, call volumes in SSPS do not fluctuate more than about 6%, month-to-month. Call volumes in the OAS Tax Desk more than double from December through mid-March, owing to annual tax reporting.</li> <li>See DSHS 166 for additional metrics.</li> <li>It is not possible to segment the data to reflect only those providers anticipated to be paid through PCS (union 1099 and all W-2) and not include calls from providers anticipated to be paid through ProviderOne (non-union 1099).</li> <li>It is anticipated that the Bidder's call center will not handle all of the topics currently handled by the SSPS CSC. Call topics which could be answered by the Bidder's call center include, but are not limited to, payment (earnings and deductions included in a pay calculation), invoicing, vacation and CCH balances, how to enter time (claim against an authorization) and how to use the provider portal. The specific role of the bidder's call center is expected to be coordinated with DSHS call center resources. Guidelines and specific scripting and routing of calls regarding topics outside of each party's expertise will be jointly developed during DDI. Bidders should include this task in their calculation of effort.</li> </ul>

Questio n Number	Question	DSHS Answer
156	7.4 (136)	Presently SSPS handles 10 to 15 expedited payment requests each month.
	Requirement F.5.1.8 refers to Expedited Payment of Authorized Services, which would require the vendor to make payments outside the normal pay cycle. What is the anticipated volume of these payments?	DSHS desires the PCS to issue a pay transaction by the end of the next business day following approval of an expedited pay request.
	When an expedited payment is requested, what timeframe is expected for cutting the check (e.g., same day, same week, etc.)?	
157	Functional  What percentage of providers would require the services of a bilingual (i.e., Spanish-speaking) provider service representative?	It is estimated that presently less than 5% of providers require the services of Spanish-speaking customer service representatives or IVR.  Bidders are directed to F.1.2.1 and F.8.1.2 for requirements regarding Spanish language. Neither of these requirements limit the number of providers which may use Spanish language while entering time or speaking with the Bidder's call center staff.
158	Functional  What is the State's plan for handling authorization issues? We believe that a certain percentage of the inquiries coming to the call center will be due to authorizations that the provider has questions about, or may be due to timesheet issues related to the hours authorized.	The specific role of the bidder's call center is expected to be coordinated with DSHS call center resources. DSHS believes the capabilities of any call center must take into account the kind of information available to that call center's staff. For example, regarding issues related to authorizations, DSHS anticipates the bidder's call center staff would be poorly situated to answer most provider questions. On the other hand, questions related to actually claiming against authorized services or calculation of payments against services claimed would be something the bidder's call center could answer.
	How will this interaction be handled?  Will we simply refer these individuals back to their case worker for assistance or is there a different plan?	Guidelines and specific scripting and routing of calls regarding topics outside of each party's expertise will be jointly developed during DDI. Bidders should include this task in their calculation of effort.

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An estimated 224,000 non-taxable (principally, mileage) payments were made in 2009.  There is no requirement for the vendor to validate authorized expense payments using the methods described in the bidder's question. These payments are authorized and, once authorized may, depending on the kind of authorization, be either (1) claimed by the provider, to a maximum limit set by the authorization, or (2) paid without a claim.  The State may undertake a retrospective audit of expenses paid, using other systems and methods.  The State may undertake a retrospective audit of expenses paid, using other systems and methods.
nased goods, mileage payments) ceived in the authorization.  t volume of expense payments is cted?  t is the obligation of the vendor lidate expense payments (e.g., the vendor be required to obtain

Questio n	Question	DSHS Answer
Number 160	7.4 (131-133)  Requirements in Section 4.1 refer to Pay Rate changes. How frequently do pay rates change and will these rates be adjusted by the State staff (see requirement F.4.1.5) or by the vendor?  If the vendor will be responsible for maintaining the pay rate tables (as indicated in Amendment #4), how will the vendor be notified of changes and what volume of changes is expected (e.g., if the rates are maintained by provider, how many changes per month should we anticipate)?  (Note: We realize that some pay rate changes are automated; our question is intended to get a feel for the volume of changes we will need to process manually and the required staffing to manage this).	Requirement F.4.1.5 does not refer to table maintenance. F.4.1.5 MANUAL ENTRY OF PAY RATES, DIFFERENTIALS AND PAY MODIFIERS - The system shall allow State workers to enter single pay rates, differentials and pay modifiers, including career and wage ladder rates, and rates resulting from completion of certain training goals, and these rates will be specific to the provider.  The kind of rate modification described in F.4.1.5 happens very rarely.  With respect to the maintenance of rate tables whose presence was suggested in Amendment #4, DSHS has no specific requirement as to the method of notification to be made to the vendor. It may be convenient for the vendor to receive rate table modifications in the form of Excel spreadsheets or by other electronic means, to ensure accuracy and reduce duplication of effort. It is anticipated that rate tables will be maintained at least annually or as may be required by changes in Collective Bargaining Agreements.
161	Functional  Will the DSHS Provider Support area be handling questions regarding paid time off, leave accruals and other benefits issues or is it expected that the vendor's call center staff be trained to handle this type of inquiry?  Can DSHS provide additional details on how to delineate Vendor versus DSHS call handling responsibility?	The specific role of the Bidder's call center is expected to be coordinated with DSHS call center resources. DSHS believes the capabilities of any call center must take into account the kind of information available to that call center's staff.  The Bidder's system (PCS) is the source for PTO accruals and so DSHS assumes the Bidder's call center would be able to answer questions regarding those accruals. PCS receives data which establishes and maintains health insurance deductions and DSHS assumes the Bidder's call center will answer questions regarding those deductions.  The specific delineation of responsibility with respect to those topics which could or could not be handled by vendor call center staff will need to be jointly detailed in guidelines and scripts during the DDI phase of the project. Bidders should include this task in their calculation of effort.

Questio n Number	Question	DSHS Answer
162	Functional 2.1.5  This requirement indicates that there is FITW calculated against all UCS for a Provider.  Other requirements indicate that the W-4/W-5 will come from an interface to PCS from ProviderOne (unless expired). Will this information come with each authorization, as each relationship is a separate employment situation? Or, will the original W-4/W-5 come through with the Provider setup interface, and should then be applied by PCS across all employment relationships where UCS exists?  Does the State allow a Provider to have different withholdings allowances for the separate employment relationships? This would indicate that multiple W-4 documents are allowed.	The specific frequency by which W-4/W-5 information will come across from ProviderOne has not yet been finalized. Bidders should assume, at a minimum, W-4/W-5 information will, as the bidder question suggests, "come through a provider setup interface, and should then be applied by PCS across all employment relationships where UCS exists."  The State does not allow a provider to have different withholding allowances for separate employment relationships.
163	Technical T.6.1.1  How does DIS plan to send updates of Active Directory to CGI's PCS solution?  Does DIS plan to recommend a readonly domain controller in CGI's data center?	In order to mitigate potential security risks, specific details regarding DSHS's Active Directory and Domain Controllers will be provided only to the successful Bidder.

Questio n Number	Question	DSHS Answer
164	Technical T.6.1.2 How does the SAW accomplish	In order to mitigate potential security risks, specific details regarding SAW will be provided only to the successful Bidder.
	single sign-on: are any additional technical details available? The RFP08-331Q Compliance with User Authentication Standards.pdf	In place of the links presented in the RFP Reference Q, please try the link below for additional shared information: <a href="http://techmall.dis.wa.gov/services/SecureAccessWa.aspx">http://techmall.dis.wa.gov/services/SecureAccessWa.aspx</a>
	document has references to a web site for details which we cannot access.	For additional ISB Security Policy links, please use the link below and then scroll down to the Security subject area and select the desired policy link:
		http://isb.wa.gov/policies/default.aspx

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n Number	Question	DSHS Answer
165	Amendment 3 Question 16  The answer related to Client Participation (CP) is not clear. The answer provided was "Client responsibility (called "participation") comes from ProviderOne to PCS and is at the client level".  • Is CP passed to PCS with the authorization at a client/provider relationship level on a monthly basis with an amount to withhold for each month of the authorization?  • Is PCS to be passed a monthly amount of CP for a Client with no Provider association?  • Is it the State's expectation that PCS will maintain the monthly CP amount for a Client, track the amounts withheld from all Providers for that Client until the amount is collected in full for the month, and to ensure it is withheld?  • Is PCS to report back to ProviderOne or another system when and from whom the CP is collected, beyond the remittance advice at the Provider level?  How and in what frequency PCS would receive the CP amount?	Yes, CP is part of the authorization data passed from ProviderOne to PCS. At the present time, Client Participation, authorizations and pay are all on a monthly basis.  No authorization can be provided by ProviderOne without both a client and a provider.  CP is expressed as a monthly amount. If more than one payment is issued during the month, it will be necessary for PCS to maintain the monthly CP amount in order to ensure the correct application of the CP amount in the calculation of pay.  It may not be useful for Bidders to consider CP as "withheld" from pay; PCS is not paying a benefit to clients. The effect of CP is to reduce the provider's gross pay. CP is only included in some calculations (the accrual of vacation and CCH, for example) and is excluded in other calculations.  CP is recorded as a deduction during the pay calculation. As with any other deduction detail, it is reported back to ProviderOne.  The CP is presently expressed as a monthly amount and is part of the authorization. Its frequency of update is as often as may be required to ensure the PCS has the up-to-date authorization details it requires.

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n Number	Question	DSHS Answer
166	Functional 9.3.1  Requirements 1.1.19 and 2.1.16 indicate that data referenced in this requirement is to be passed to PCS from ProviderOne. This is also indicated in interfaces C345 and C350.  Requirement 9.3.1 indicates that "The system shall perform edits against the most recent data in ProviderOne at appropriate points". Can the State please clarify the appearance of conflict between storing the interfaced data and validating against ProviderOne? Can an example of when this would occur be provided?	As described in Reference F: Reference Interface Layouts V03, C345 and C350 represent interfaces between ProviderOne and the Provider Compensation Subsystem which have not yet been designed.  Bidders should recognize that authorization, provider file, and other details associated with maintaining provider enrollment and eligibility, and service authorizations, changes very often. C345 and C350 represent approaches only and cannot be completed until a PCS vendor is selected. What DSHS imagines is a near real-time interface (or at least daily) with ProviderOne to capture new and changed provider, client and service authorization data.  F.9.3.1 indicates that it is necessary for PCS to update its provider and authorization details at certain points in the pay cycle. DSHS does not wish to be prescriptive as to what specific points may be "appropriate" for the bidder's system to perform these updates. For purposes of example, however, it is useful to consider that PCS would need to have the most up-to-date data, from ProviderOne, (1) prior to generating provider invoices, (2) prior to populating the IVR (or other automated time entry systems) to begin to take claims against authorized services, (3) prior to closing out IVR and accepting final time entry, and (4) prior to commencing a pay calculation.

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Number		
167	7.4.3 Functional Requirements Response Form (SR) and Reference D: 2009 PCS Interfaces v09  There are a number of requirements in section 7.4.3 where there is a requirement but there is not a corresponding Interface Reference Layout identified in Reference D. An example of this is F.1.1.12. We assume that #C180 aligns to this requirement. Can the agency provide a requirement-to-interface cross walk for each of the requirements?	No. DSHS does not currently have a requirements-to-interface cross walk that can be provided to Bidders.
	Additionally, there seem to be a number of interface specifications identified (in Reference D) where we do not see specific functional requirement (in 7.4.3). Examples of these are interfaces 205, 210, and 355 (not all-inclusive list). Can the agency provide a requirements-to-interface cross walk for each of the requirements?	

Questio n Number	Question				DSHS Answer
168 F.2.1.14, F.2.3.1, F.2.4.2, F. F.2.4.7, F.2.4.11, F.2.4.17, I How does the state currently deductions (e.g., Union dues insurance, voluntary additio amount, other voluntary ded garnishment, etc.) when Uni related hours are considered Provider has multiple clients How is it handled when the amount can't be deducted fro payment that pay period (e.g. Insurance or Union dues)			F.2.4.17, e current Union dudry additionary de when Unionsidere ple clien when the educted foreriod (e	F.2.4.18 ly handle es, health onal tax ductions, nion d if the ts? e total rom the	Currently SSPS uses a Deduction Database to identify specific deductions by payment line item. Each payment has a specific voucher number that identifies the payment, and a voucher number suffix that identifies the line item within that payment. Each line item is linked to a specific provider through the authorization.  Since each client is a separate employer of the provider, bidders should recognize that deductions are accounted-for on a by-client basis. In the example provided in the bidder's question, Client A accounts for 60% of the provider's hours, while Clients B and C account for 20% each. Assuming all clients receive only union-covered services through the same union, the deduction is calculated and then deductions would
	C:lien t Client A	Regula r Hours 24	Hourl y Rate \$10.0 0	Total Earning s \$ 240.00	be generally split 60/20/20. Deduction calculations involving non-UCS and/or services provided by different unions are calculated separately from UCS/same union services and the deductions are taken accordingly.
	Client B Client C	8	\$10.0 0 \$10.0 0	\$ 80.00 \$ 80.00	In the calculation of some kinds of deductions (for example, union dues) only payment for services identified as "union covered" and only for the union whose dues are being calculated, are considered.
	Total	40		\$ 400.00	Generally speaking, when there is insufficient pay to take a scheduled deduction, the system takes as much as possible. Current practice is to leave at least one penny to produce the warrant. SSPS does not 'carry forward' any balances to the next month.  Garnishments are subject to the rules of each garnishment order. Garnishments typically do carry forward in order to collect, over time, the balance required by the garnishment.

Questio n Number	Question	DSHS Ans	swer	
169	How many tax filings are produced in a year?	Federal Tax deposits can be made twice at a minimum. Supporting f FUTA quarterly payments are file filing. An amended filing may als after the 4th quarter, to address al corrections performed for the year	form 941 in addition of the addition of the adjusted in the ad	s filed quarterly. ion to an annual c (one per year,
		SUTA is filed quarterly and any nare required annually at a minimu		amended filings
		With respect to SUTA, bidders she Security Department (ESD) consist employer but each client has a tax separately although all are combin ESD. ESD is implementing an automended SUTA returns and that print place prior to PCS go-live.	ders each a rate and in ned in a sin tomated process is a	client an s reported ngle file sent to rocess to receive anticipated to be
170	If a current call center exists, please	These estimates of annual call vol		
	provide monthly volumetrics on volumes and topics.	calls received by the SSPS Custon TOPIC	Count	ee Unit:  % of All Calls
	volumes and topics.	TOTAL	27808	% of All Calls
		Payment	13512	48.59%
		Invoicing	5704	20.51%
		Employment/Wage Verifications	2940	10.57%
		Authorizations	2446	8.80%
		Administrative	1955	7.31%
		Union Related Benefits/Questions	1169	4.20%
		Miscellaneous	3	0.01%
		Another estimated 9,000 calls are regarding garnishment and tax-rel. These data are from current call c OAS Tax Desk. The specific role is expected to be coordinated with resources.	lated quest enters in S of the bid	SSPS and the der's call center

Questio n Number	Question	DSHS Answer
171	If a current call center exists, how many employees are answering calls?	There are currently two business units fielding calls in topic areas comparable to those expected for the vendor's system: SSPS Customer Service Unit and OAS tax and garnishment desks. Between these two units, 11 staff, including at least 1 lead and 1 supervisor, regularly respond to calls.  During the peak first quarter of the year, an additional 6 staff are added to the OAS tax desk.  These data are from current call centers in SSPS and the OAS Tax Desk. The specific role of the bidder's call center is expected to be coordinated with DSHS call center
172	Will benefits administration, claim processing, and cobra appropriate deductions calculations be performed outside of the pay system via an interface or will they be done in the payroll system?	Bidders should refer to functional requirements involving deductions and calculations. Of particular interest include, but may not be limited to Requirements F.2.4.7, F.2.4.8, F.2.4.9, F.2.4.11, F.2.4.12, F.2.4.13, F.2.4.15, and F.7.4.5.  There are no requirements related to the processing of insurance claims.  Some benefits administration, such as the determination of eligibility for and accrual of paid time off (vacation) are part of the functional requirements of PCS.
173	How is current printing of A/P check, off-cycle checks, and pay managed in association with the Treasury department?	The current process for printing of checks (scheduled or off-cycle) employs SSPS and TRDb, with workarounds executed for garnishments and other activities. DSHS expects these systems and workarounds will no longer be required when ProviderOne and the PCS are fully implemented. Bidders should refer to the ProviderOne Provider Compensation Subsystem Conceptual High Level Business Architecture diagram, in the RFP (page 21) for a general depiction of the flow of pay transaction data from PCS, through ProviderOne, OFIN (Oracle Financials), AFRS, and on to OST and DIS.  From the standpoint of the Office of the State Treasurer, there is no difference between on-cycle and off-cycle payments. The State Treasurer will continue in their role when PCS is implemented as they do today.

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n Number	Question	DSHS Answer	
174	Functional  What volume of time sheets (within the scope of providers included in this RFP) is expected? Can the metrics be provided based upon format of submittal (e.g. Paper, fax, IVR, online using the Web portal or via other media)?  Can the metrics be provided in monthly values?  Are there any peaks metrics or periods, which can be shared?	An estimated 17,000 – 20,000 timesheets are currently received monthly on paper, 103,000 to 120,000 by IVR, and 6 using an electronic (batch) upload via SFT Server. Under the current monthly pay cycle, the primary dates to receive timesheets are the last week of the month or about the second week of the month for supplemental invoices. However, providers can claim time on any day.	
175	7.4 (120-121)  Requirements F.1.1.12 and F.1.1.14 refer to the exchange of invoice and timesheet data with some providers via data exchange. How many providers use the electronic interchange method?  Also, please provide a sample of the current invoice (or data format) for these providers.  Please confirm that invoices exchanged between PCS and providers can be accomplished using spreadsheets sent as email attachments.	Six (6) providers currently use the electronic interchange method.  Samples of the current invoice record format is provided in PCS RFP Amendment #8.  Invoices are not presently sent to Providers as email attachments and Providers do not presently return timesheet data as spreadsheets or in any other attachment to email. DSHS has no requirements to permit distribution of invoices or receipt of timesheets in the form of email or email attachments.	
176	7.4 (143-144)  Referring to functional requirements F.6.1.7 through F.6.1.13, what is the anticipated volume of overpayment recoupments that the vendor will be expected to process?	The estimated volume of overpayment recoupments is currently 50 to 100 providers per month.	

Questio	O	DSHS Answer	
n Number	Question		
177	Functional 3.1.4 (130)  a. Does this infer that PCS will have to track worked hours for IPs PCS is not directly paying, but who are working for a Facility? Or, are these IPs that are being directly compensated through PCS and the term MCO is not applicable in this requirement?  b. If they are being compensated directly through PCS, none of the requirements in the RFP indicate how PCS is to receive demographic and other information about these IPs, and how is that to be accomplished?  c. Making an assumption that these are IPs who work for a facility and are not directly paid by PCS, can the state clarify how facility invoicing reflects provider information regarding those who are providing the services to the client?  Again assuming that these IPs are not directly paid by PCS, in addition to CCH, what does the State expect of PCS to store as data for these providers?	A solution for the challenges posed by IPs hired by a client receiving benefits under, for example, the WMIP (Washington Medicaid Integrated Partnership), PACE (Program of All-Inclusive Care for the Elderly) and New Freedom programs has not been fully developed. However, bidders should proceed with the knowledge that providers rendering these services are to be enrolled in ProviderOne.  If by the use of the term "facility," the question is referencing Adult Family Homes, bidders should consider that the CBA with Adult Family Homes does not presently include a requirement to track service hours (see Amendment #7, Reference S). CCH tracking is presently only required for members of the SEIU 775NW bargaining unit.	
178	How many pay statements are produced per year? Are they mailed regular mail?	An estimated 750,000 to 800,000 remittance advices (earnings statements) are produced annually.  Warrants and remittance advices are presently mailed by USPS bulk and sorted mail at reduced rates (see Service Delivery requirements S.5.2.2 and S.5.2.3) through the State's Consolidated Mail Services.	
179	How many time sheets are received each month?	An estimated 17,000 – 20,000 paper timesheets are currently received each month.	

Questio n Number	Question	DSHS Answer
180	How many provider (EE) and contractors (EE) are there?	Of the provider population expected to receive pay through the Provider Compensation Subsystem, there are an estimated 50,000 W-2 and non-taxable providers active annually and another 5,000 1099 providers active annually.